

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 2678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24 Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm		ח ח	1 Anorar	Telephone Number	Date of In (mm/dd/y	g)
	aco ,		· · · · · · · · · · · · · · · · · · ·	() Establishment 8/2-949-7084		[18
Establishm 4018			mber and street, city, state, zip code) ne. Rd. New Albany, IW 47150	() Öwner	3-4	-19 -258
Owner	lintor	1,	M. Snith SR	Purpose: 1. Routine	Follow-u	Release Date
Owner's Ac 4140	ddress		lestown Rd Now Albany, IN 47150	2. Follow-up	Summary	y of Violations:
Person in C	harge		ryant	3. Complaint 4. Pre-Operational		$NC_{NC} = R_{NC}$
Responsible				5. Temporary	Menu Ty	pe (See back of page)
				6, HACCP		
Certified F	ood Handle Aarov		Newton 9-9-19	7. Other (list)	12	2. <u>V</u> 345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
310	NC		Observed build up of dust o	on air venti	4	2 days
•			1	Spots on air		
-			Vent in moman's restroom			
392	NC		Observed cardboord dumps	Corrected		
431	NC	R	Observed Cleuning around drink machine 2 days			
			drain at drive through and on floor around			
			Safe.			
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Received by (name and title printed): Inspected by (name and title printed):						
Scott Ryant Thomas Snider, EHS						
Received by (signature): Inspected by (signature):						
Scall Dana Known Line						
cc:			cc:		cc;	